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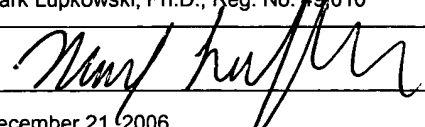
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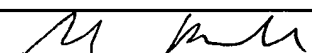
 TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/663,568	
	Filing Date	September 15, 2003	
	First Named Inventor	Steven Z. Wu	
	Group Art Unit	1615	
	Examiner Name	Humera N. Sheikh	
Total Number of Pages in This Submission (excluding references)	10	Attorney Docket Number	50623.335

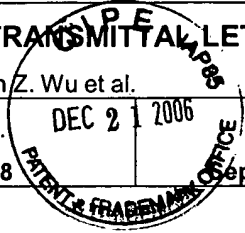
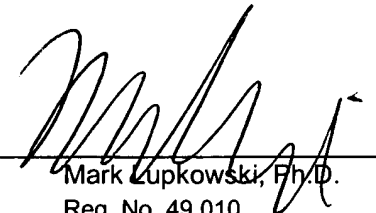
ENCLOSURES (check all that apply)				
<input checked="" type="checkbox"/> Deposit Account 07-1850 Authorization <input checked="" type="checkbox"/> Postage Paid Return Postcard <input checked="" type="checkbox"/> Amendment / Response (7 pages) <input checked="" type="checkbox"/> Amendment Transmittal Letter (in duplicate) (2 pages) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Petition for Extension of Time (___ months) (in duplicate) <input type="checkbox"/> Information Disclosure Statement (in duplicate) with Form PTO-1449 listing References <input checked="" type="checkbox"/> Express Mail Label No. EV 721 154 766 US <input checked="" type="checkbox"/> Certificate of Mailing <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) In/Formal ___ Sheets with Submission of Drawings Transmittal <input type="checkbox"/> Issue Fee Transmittal with PTO-85b (in duplicate) <input type="checkbox"/> Request for Continued Examination Transmittal (RCE) <input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Request for Status of Application <input type="checkbox"/> Other Enclosure(s) (please identify below):		
<table border="1"> <tr> <td>Remarks</td> <td></td> </tr> </table>			Remarks	
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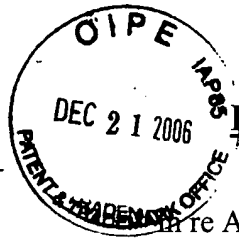
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Squire, Sanders & Dempsey L.L.P. Mark Lupkowski, Ph.D., Reg. No. 19010
Signature	
Date	December 21, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service via Express Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date below:			
Typed or printed name	Yayoi Barrack		
Signature		Date	December 21, 2006

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 50623.335	
Applicant(s): Steven Z. Wu et al.					
Serial No. 10/663,568		Filing Date September 15, 2003	Examiner Humera N. Sheikh		Group Art Unit 1615
Invention: Microparticle Coated Medical Device					
TO THE COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as show below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9	20	0	X \$50.00	\$00.00
INDEP. CLAIMS	2	3	0	X \$200.00	\$00.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$00.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 07-1850 in the amount of \$ 00.00 A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of any necessary fees associated with this communication or credit any overpayment to Deposit Account No. 07-1850 A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 C.F.R. 1.17.</p> </div> <div style="width: 35%; text-align: right;">  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Mark Lupkowski, Ph.D. Reg. No. 49,010</p> </div> </div> <div style="margin-top: 20px;"> <p>Dated: December 21, 2006 Squire, Sanders & Dempsey L.L.P. 1 Maritime Plaza, Suite 300 San Francisco, CA 94111 (415) 954-0200</p> <p>cc: Docket:</p> </div>					



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

Examiner: Humera N. Sheikh

Steven Z. Wu et al.

Serial No.: 10/663,568

Art Unit: 1615

Filed: September 15, 2003

Title: Microparticle Coated Medical Device

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO OFFICE ACTION

Dear Examiner Sheikh:

This is a Response to the Office Action mailed on September 22, 2006, which has a statutory period for reply that ends on December 22, 2006.